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CONFIRMATION NO. 3427

SERIAL NUMBER 09/753,448	FILING OR 371(c) DATE 01/04/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 06530.0275	
APPLICANTS Susan I. Shelso, Plymouth, MN;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>cy</i> Initials		STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
ADDRESS 22852					
TITLE Expansion-assisting delivery system for self-expanding stent					
FILING FEE RECEIVED 1632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		